



MAY IS NATIONAL BIKE MONTH.
MAY 16 - 21 IS BLOOMINGTON BIKES WEEK!

BLOOMINGTON BIKES WEEK AND CITY OF BLOOMINGTON PARKS & RECREATION

present the

BLOOMINGTON BIKES COMMUNITY CRUISER

Saturday, May 21 ♦ 9 a.m. - Noon

Start at Showers Plaza, 401 N. Morton Street

Cost: \$6 ♦ Register by: 5/13 (Code: 84012-A) ♦ For all ages

Event Check In: 9 a.m. ♦ Ride: 10 a.m. / 10:15 a.m. / 10:30 a.m.

Enjoy a scenic ride through downtown Bloomington and visit the Farmers' Market.

Have your bike checked, feast on post-ride healthy snacks and discover how to make biking a part of your everyday, healthy-lifestyle routine.

Helmet required for all bicyclists. Event t-shirt included with registration fee.



City of Bloomington
Parks & Recreation

our sponsors:



BLOOMINGTON
BICYCLE CLUB



For more information, call 349-3700 or e-mail: cotters@bloomington.in.gov. Register by filling out the form below and faxing to the Parks & Recreation main office (401 N. Morton Street, Suite 250) at 349-3705.

Name _____
(parent/guardian if participant is under 18 or under legal guardianship)

Home Phone _____

Street Address _____

Work Phone _____

City _____ State _____ Zip _____

Emergency Contact _____

City of Bloomington Resident? Yes No
(If you are unsure of your residency status, please call 349-3700)

E-mail address _____

How did you hear of this program? Program Guide Newspaper Flyer Friend E-mail Web site Previous Participant Other _____

Participant Name	M/F	Birthdate	Shirt Size	Program Name	Class Code	Fee
				Community Cruiser	84012-B	\$6

Inclusive Service Request:

Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. (circle one) YES NO
If YES, please complete an Inclusion Assessment and the Inclusive Recreation Coordinator will contact you. We request at least two weeks notification for reasonable accommodations requests. In some cases reasonable accommodations may take longer.

The undersigned is the adult Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity.

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Signature (parent/guardian if participant is under 18 or under legal guardianship) _____

Date _____

Include Your Voluntary Donation

- ☐ Youth Scholarship Fund \$1 _____
☐ Bloomington Tree Fund \$3 _____
☐ Bloomington Parks and Recreation Foundation \$5 _____
 Other \$ _____

Total Enclosed \$ _____

Method of Payment:

☐ Cash (do not mail cash) ☐ Check / Money Order

Visa/Mastercard # _____

Expiration Date _____

Signature _____
(required if using credit card)

Make Check or money order payable to:
Bloomington Parks and Recreation Department

Mail registrations to:
Bloomington Parks and Recreation
P.O. Box 848, Bloomington, IN 47402